

Solution focused brief therapy

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Solution focused approaches come originally from solution focused brief therapy.

It focuses on what clients want to achieve through rather than on the problem(s) that made them seek help. The approach does not focus on the past, but instead, focuses on the present and future. The practitioner uses respectful curiosity to invite the client to envision their preferred future and then therapist and client start attending to any moves towards it whether these are small increments or large changes. To support this, questions are asked about the client's story, strengths and resources, and about exceptions to the problem.

Solution focused practitioners believe that change is constant. By helping people identify the things that they wish to have change in their life and also to attend to those things that are currently happening that they wish to continue happening, can help their clients to construct a concrete vision of a *preferred future* for themselves. This then helps the client to identify times in their current life that are closer to this future, and examines what is different on these occasions. By bringing these small successes to their awareness, and helping them to repeat these successful things they do when the problem is not there or less severe, it helps the client move towards the preferred future they have identified.

The miracle question is a method of questioning used to aid the client to envision how the future will be different when the problem is no longer present. Also, this may help to establish goals. A traditional version of the miracle question would go like this:

"Suppose our meeting is over, you go home, do whatever you planned to do for the rest of the day. And then, some time in the evening, you get tired and go to sleep. And in the middle of the night, when you are fast asleep, a miracle happens and all the problems that brought you here today are solved just like that. But since the miracle happened over night nobody is telling you that the miracle happened. When you wake up the next morning, how are you going to start discovering that the miracle happened? ... What else are you going to notice? What else?"

or

"If you woke up tomorrow, and a miracle happened so that you no longer easily lost your temper, what would you see differently?" What would the first signs be that the miracle occurred?"

The client (a child) may respond by saying,

"I would not get upset when somebody calls me names."

The practitioner wants the client to develop positive goals, or what they will do, rather than what they will not do--to better ensure success. So, they may ask "What will you be doing instead when someone calls you names?"

Scaling questions are tools that are used to identify useful differences for the client and may help to establish goals as well. The poles of a scale can be defined in a bespoke way each time the question is asked, but typically range from "the worst the problem has ever been" (zero or one) to "the best things could ever possibly be" (ten). The client is asked to rate their current position on the scale, and questions are then used to help the client identify resources (e.g. "what's stopping you from slipping one point lower down the scale?"), exceptions (e.g. "on a day when you are one point higher on the scale, what would tell you that it was a 'one point higher' day?") and to describe a preferred future (e.g. "where on the scale would be good enough? What would a day at that point on the scale look like?").

Practitioner interested in solution focus work insist that there are *always* times when the problem is less severe or absent for the client. The counselor seeks to encourage the client to describe what different circumstances exist in that case, or what the client did differently. The goal is for the client to repeat what has worked in the past, and to help them gain confidence in making improvements for the future.

Coping questions are designed to elicit information about client resources that will have gone unnoticed by them. Even the most hopeless story has within it examples of coping that can be drawn out: *"I can see that things have been really difficult for you, yet I am struck by the fact that, even so, you manage to get up each morning and do everything necessary to get the kids off to school. How do you do that?"* Genuine curiosity and admiration can help to highlight strengths without appearing to contradict the clients view of reality. The initial summary *"I can see that things have been really difficult for you"* is for them true and validates their story. The second part *"you manage to get up each morning etc."*, is also a [truism](#), but one that counters the problem focused narrative. Undeniably, they cope and coping questions start to gently and supportively challenge the problem-focused narrative.

A key task is to help clients identify and attend to their skills ,abilities, and external resources (e.g. social networks). This process not only helps to construct a picture of the client as a competent individual, but also aims to help the client identify new ways of bringing these resources to bear upon the problem. Resources can be identified through scaling questions, problem-free talk, or during exception-seeking.

For additional information see the [solutions approaches](#) PowerPoint attached.